[2] : [5 [1]

;;

ij





Please type a plus sign (+) inside this box -> +

PTC/SB/05 (2/98)
Approved for use through 09/30/2000, OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under	the Paperwork Reduction Act of 1995, no persons are required	to resp	ond to a collect	tion	of informa	tion unl	ess it displays a valid	OMB control num	ıber.
jc644 U	O I I LI I	Attor	ney Docket N	10.	P0373	SSUSC)		
		First Inventor or Application Identifier				ANDERSON, Nancy			
		Title	METHOD 8	<u> </u>	MEANS	FOR	EVALUATING	CUSTOMER	SF
3 C				_					SI

METHOD & MEANS FOR EVALUATING CUSTOMER SERVICE

nondistant and cations under 37 C.E.P. 6.1 53/hill Express Mail Label No. | EL133865909US

PERFORMANCE

<u> </u>										
		TION ELEMENTS oncerning utility patent		Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC 20231						
1.	mittal Form (e.g., P) iginal and a duplicate for angement set forth below title of the Invention erences to Related Ar Regarding Fed spons to Microfiche Append d of the Invention many of the Invention many of the Invention ription of the Drawing escription the Disclosure (35 U.S.C. 113) [To my executed (original experimental form a prior application of the Box DELETION OF INM Signed statement inventor(s) named is see 37 C.F.R. §§ 1 By Reference (useable closure of the prior ap ath or declaration is s be part of the disclose d is hereby incorpora	rovs8/17) r fee processing) rotal Pages [18] populations sored R & D fix s (if filed) rotal Pages [3] or copy) tion (37 C.F.R. § 1.63(ith Box 17 completed) or 5 below] In the prior application, .63(d)(2) and 1.33(b).	7. Nucle (if app a. b. c. 8	7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Copy b. Paper Copy (identical to computer copy) c. Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 8. Assignment Papers (cover sheet & document(s)) 9. 37 C.F.R.\$3.73(b) Statement Power of Attorney 10. English Translation Document (if applicable) 11. Information Disclosure Copies of IDS 12. Preliminary Amendment 13. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 14. X Statement(s) Statement filed in prior application, Status still proper and desired 15. Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. Other:						
Prior a	pplication is	nformation: Examiner			Gro	oup / Art Unit:				
			R COPPESSONIOS	NCE ADDE						
18. CORRESPONDENCE ADDRESS ☐ Customer Number or Bar Code Label ☐ Customer Number or Bar Code Label ☐ (Insert Customer No. or Attach bar code label here) ☐ Correspondence address below										
Name KIRK M. HARTUNG ZARLEY, MCKEE, THOMTE, VOORHEES & SEASE, P.L.C.										
Address	801 Grand Avenue, Suite 3200									
City	Des Moines State		Iowa		Zip Code	50309				
Country	U.S.		Telephone	515-288-	-3667	Fax	515-282-6778			
Name (i Signatur	Print/Type) re	KIRK M. HAF	TUNG Flows	Regis	uauon No. (/	Attorney/Agent) Date	31,021			

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.